

IPDR6702		NORTH CAROLINA			PAGE: 1			
RUN DATE: 04/20/2004		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 04/20/2004						
		FINANCIAL PAYER: NCDMM						
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TWC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAIN H/DD/SAS	21	126	DUPLICATE OF CLAIM-SYSTEM				
		8599	105	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	26	342	6260	5918
		143	41	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
3404902	BLUE RIDGE COMM UNITY	21	2121	DUPLICATE OF CLAIM-SYSTEM				
		8599	1088	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	185	3967	5876	1909
		5404	223	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
3404904	WESTERN HIGHLAN DS LME	11	122	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	6	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	3	133	183	50
		8931	2	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404905	TREND COMM MENT AL HLTH CTR	10	90	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				
		8599	1	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	91	123	32
3404907	RUTHERFORD-POLK	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404910	PATHWAYS	8505	931	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	10	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	945	967	22
		8599	3	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404912	CATAWBA COUNTYM ENTAL HEALT	8505	1616	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	44	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	20	1708	2244	536
		143	17	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
3404913	MECKLENBURG COM ENTAL HEALT	21	756	DUPLICATE OF CLAIM-SYSTEM				
		11	574	CLIENT NOT ELIGIBLE ON SERVICE DATE	198	2364	11113	8749
		8599	284	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

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3404916	CROSSROADS BEHA VIOBAL HEAL	8000	126	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
		11	50	CLIENT NOT ELIGIBLE ON SERVICE DATE	3	220	4501	4281
		8599	30	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404917	CENTERPOINT HUM AN SERVICES	8505	3453	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	84	CLIENT NOT ELIGIBLE ON SERVICE DATE	6	3655	4159	504
		120	50	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
3404918	ROCKINGHAM CO M ENTAL HEALT	7001	148	EXCEEDS THE ONE PER DAY LIMITA TION				
		8505	85	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	1	440	1768	1323
		11	72	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404919	GUILFORD CO MEN TAL HEALTHC	8505	2146	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8600	174	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	5	2358	2556	198
		8599	16	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404920	ALAMANCE CASHEL L AREA MH D	8505	457	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	118	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	73	786	1347	561
		8933	69	ADTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404921	ORANGE PERSON C HATHAM AREA	5312	599	PRIOR AUTHORIZED DOLLARS EXCEE DED				
		8505	268	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	1031	1771	740
		11	44	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404922	THE DURHAM CENT ER	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404923	UGFW AREA AUTHO RITY	8505	345	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	164	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	533	1483	950
		8600	14	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				

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3404924	PIEDMONT AREA M H/DD/SAS	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404925	SANDHILLS CENTE R FOR MH/DD	8505	699	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	50	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	757	766	9
		8600	8	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404926	SOUTHEASTERN RE G MENTAL HL	8505	853	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	78	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	15	1186	3405	2219
		21	78	DUPLICATE OF CLAIM-SYSTEM				
3404927	CUMBERLAND CO M HC	8505	2042	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8600	48	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	2130	3118	988
		8000	14	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
3404929	LEE HARNETT MH/ DD/SAS	8505	577	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	100	DUPLICATE OF CLAIM-SYSTEM	0	733	1195	462
		8599	39	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404930	JOHNSTON COUNTY MNTL HLTHC	8505	321	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8600	12	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	4	337	340	3
		8935	4	ASTMC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404931	WAKE CO HUM SVC BILLING OF	8505	7199	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	221	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	18	7534	9134	1600
		8599	24	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404932	RANDOLPH/SANDHI LLS CO MH C	8505	251	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	48	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	337	337	0
		8600	38	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				

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3404933	SOUTHEASTERN CT R FOR MH/DD	8505	1232	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	112	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	13	1458	1648	190
		11	42	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404934	ONSLow COUNTY B BEHAVIORAL H	11	40	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8505	32	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	126	554	428
		21	26	DUPLICATE OF CLAIM-SYSTEM				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	8505	1799	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	20	CLIENT NOT ELIGIBLE ON SERVICE DATE	2	1849	2690	841
		120	13	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
3404937	EDGEcombe NASH MNTL HLTH C	8505	156	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	62	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	337	1982	1645
		5404	55	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
3404938	RIVERSTONE WENT AL HEALTH C	120	87	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
		8599	47	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	15	170	453	283
		8931	10	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404939	NEUSE MENTAL HE ALTH CENTER	21	2658	DUPLICATE OF CLAIM-SYSTEM				
		8599	113	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	11	3143	13340	10195
		8526	108	CLAIM DENIED, UNITS BILLED MUS T BE GREATER THAN ZERO				
3404941	PITT CO MH/DD/S AS CENTER	8505	321	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		120	53	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM	8	526	1081	555
		143	40	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				

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3404942	ROANOKE CHOMANN UMAN SERVIC	8505	693	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	266	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	2	1048	1384	336
		11	43	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404943	ALBEMARLE MENTA L HEALTH CE	11	228	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	42	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	12	370	2168	1798
		21	34	DUPLICATE OF CLAIM-SYSTEM				
3404944	EASTPOINTE HUMA N SERVICES	21	126	DUPLICATE OF CLAIM-SYSTEM				
		8505	101	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	33	338	9129	8781
		8599	39	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404946	FOOTHILLS AREAM ENTAL HEALT	11	565	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		0	0		0	565	580	15
3404957	TIDELAND MENTAL HEALTH CTR	8505	2943	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	13	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	2970	3074	104
		8800	11	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404959	DAVIDSON CO MEN TAL HLTH CT	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404979	NEW RIVER AREAM H/DD/SA PRO	8505	785	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	224	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	19	1151	3407	2256
		8599	50	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				